



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

02055/100F558-US2

In re Application of Philip Dehazya et al.

Application Number  
10/649,082Filed  
August 26, 2003

For: SODIUM HYALURONATE MICROSPHERES

Art Unit N/A

Examiner Not Yet Assigned

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |           |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$        |

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00 .

- ☒ A check in the amount of the fee is enclosed.

- ☐ Payment by credit card. Form PTO-2038 is attached.

- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 .

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☐ attorney or agent of record. Registration Number \_\_\_\_\_  
☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 45,599

2/11/2004  
Date

*Kristin Behrendt*  
Signature

(212) 527-7788  
Telephone Number

Kristin E. Behrendt  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

Express Mail Label No.

Dated: \_\_\_\_\_

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